#### **Application Data Sheet**

# **Application Information** Application number:: Filing Date:: Regular Application Type:: Utility Subject Matter:: Suggested classification:: Suggested Group Art Unit:: CD-ROM or CD-R??:: Number of CD disks:: Number of copies of CDs:: Sequence Submission:: Computer Readable Form (CRF)?:: Number of copies of CRF:: PROCESS FOR INACTIVATING PATHOGENS IN Title:: A BIOLOGICAL MATERIAL 20695C-003000US Attorney Docket Number:: Request for Early Publication:: No No Request for Non-Publication:: Suggested Drawing Figure:: **Total Drawing Sheets::** No Small Entity?:: Latin name:: Variety denomination name:: No Petition included?:: Petition Type:: Licensed US Govt. Agency::

No

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Austria

Status:: Full Capacity

Given Name:: Heinz

Middle Name::

State or Province of Residence::

Family Name:: Anderle

Name Suffix::

City of Residence:: Klosterneuburg

Country of Residence:: Austria

Street of Mailing Address:: Hofkirchnergasse 14/4

City of Mailing Address:: Klosterneuburg

State or Province of mailing address::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: 3400

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Martin

Middle Name::

Family Name:: Spruth

Name Suffix::

City of Residence:: Vienna

State or Province of Residence::

Country of Residence:: Austria

Street of Mailing Address:: Mohsgasse 8

City of Mailing Address:: Vienna

State or Province of mailing address::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: 1030

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Peter

Middle Name::

Family Name:: Matthiessen

Name Suffix::

City of Residence:: Vienna

Country of Residence:: Austria

Street of Mailing Address:: Vorgartenstrasse 129-143/1

City of Mailing Address:: Vienna

State or Province of mailing address::

State or Province of Residence::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: 1020

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Austria

Status:: Full Capacity

Given Name:: Peter

Middle Name::

Family Name:: Turecek

Name Suffix::

City of Residence:: Klosterneuburg

State or Province of Residence::

Country of Residence:: Austria

Street of Mailing Address::

Hauptstrasse 59g

City of Mailing Address::

Klosterneuburg

State or Province of mailing address::

Country of mailing address::

Austria

Postal or Zip Code of mailing address:: 3400

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Austria

Status::

**Full Capacity** 

Given Name::

Thomas

Middle Name::

Family Name::

Kreil

Name Suffix::

City of Residence::

Klosterneuburg

State or Province of Residence::

Country of Residence::

Austria

Street of Mailing Address::

Ziegelofengasse 93

City of Mailing Address::

Klosterneuburg

State or Province of mailing address::

Country of mailing address::

Austria

Postal or Zip Code of mailing address:: 3400

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Hans-Peter

Middle Name::

Family Name::

Schwarz

Name Suffix::

City of F	Residence::
-----------	-------------

Vienna

State or Province of Residence::

Country of Residence::

Austria

Street of Mailing Address::

Schindlergasse 32

City of Mailing Address::

Vienna

State or Province of mailing address::

Country of mailing address::

Austria

Postal or Zip Code of mailing address:: 1180

### **Correspondence Information**

Correspondence Customer Number::

20350

Representative Information

Representative Customer Number::

20350

# **Domestic Priority Information**

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

# **Foreign Priority Information**

Country::

Application number::

Filing Date::

### **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::